Face Analytical

Required Client Information:

USS Corporation P.O. Box 417

Copy To:

Company Name: Attention: Invoice Information:

Address:

Section C

Report To: Tom Moe Required Project Information:

Purchase Order #:

NPDES-LINE 3 Wkly

Pace Profile #: Pace Quote:

Pace Project Manager.

Project#: Project Name: \ddress: Company:

tt. Iron, MN 55768

equested Due Date

Fax

CHAIN-OF-CUSTODY / Analytical Requestion Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields

71/15

CLIENT USS CORP

heather.zika@pacelabs.com, NOCEPTED BY A AFFILIATION Other Analyses Test Y/N LAB FILTERED: 804 Lab FILTERED: Ca,Mg,Har DATE 1330 12 Regulatory Agency TEMP in C Residual Chlorine (Y/N) ·LF,LF 두,두 Received on SAMPLE CONDITIONS ice (Y/N) Custody

N

WS-003 Thickner Overflow WS-002 Scrubber Make-Up

> ξ ١

4-3215/08/45 9-36-15/08/45 05/8051×-605/8034-c-18 ITEM#

One Character per box.
(A-Z, 0-9 / , -)
Sample Ids must be unique **SAMPLE ID**

MATRIX
Drinking Water
Waster
Waste Water
Product
SoilSoild
Oil
Wipe
Air
Other

MATRIX CODE (see valid codes to left)

START

E

SAMPLE TEMP AT COLLECTION

OF CONTAINERS

Unpreserved

H28O4 ниоз

HCI NaOH

Na2S2O3

Methanol

(G=GRAB C=COMP)

COLLECTED

Preservatives

SAMPLE TYPE

Z

DATE

TIME

3

ø

cn

3 8

12

ADDITIONAL COMMENTS

RELINGUISHED BY / AFFILIATION

Boul prouse

9308 13:30

SAMPLER NAME AND SIGNATURE

SIGNATURE of SAMPLER: PRINT Name of SAMPLER:

an most lon for specime

DATE Signed: 9-30-75

Sealed

Cooler (Y/N) Samples Intact (Y/N)

hold, incorrect preservative, out of temp, incorrect containers)

Document Name:

Sample Condition Upon Receipt Form

Document No.: F-VM-C-001-Rev.09

Document Revised: 23Feb2015

Page 1 of 1
Issuing Authority:
Pace Virginia, Minnesota Quality Office

/ Adde Atlalytical
(
- 1

Sample Condition Upon Receipt Client Name:	poratro		Project #	WO# 1254408		
Courier: ☐Fed Ex ☐UPS ☐Commercial ☐Pace	USPS Other:	Del	ient			
Tracking Number:				1254408		
Custody Seal on Cooler/Box Present? Yes No Seals Intact? Yes No Optional: Proj. Due Date: Proj. Namp:						
Packing Material: Bubble Wrap Bubbl	e Bags 🔻 🔲 Non	e 🗀	Other:	Temp Blank? Yes No		
Thermometer Used: 140792808	Type of Ice		Net [Blue None Samples on ice, cooling process has begun		
Cooler Temp Read °C: O Cooler Temp Corrected °C: S - Biological Tissue Frozen? Yes No NA Temp should be above freezing to 6°C Correction Factor: O S Date and Initials of Person Examining Contents: Comments:						
Chain of Custody Present?	Yes	□No	□N/A	1.		
Chain of Custody Filled Out?	∄ ☑Yes	No	□N/A	2.		
Chain of Custody Relinquished?	✓Yes	□No	□n/a	3.		
Sampler Name and Signature on COC?	'☑Yes	□No	□N/A	4.		
Samples Arrived within Hold Time?	Yes	□No	□N/A	S. f		
Short Hold Time Analysis (<72 hr)?	☐Yes	No	□N/A	6.		
Rush Turn Around Time Requested?	□Yes		□N/A	7.		
Sufficient Volume?	Ves	□No	□N/A	8.		
Correct Containers Used?	Yes	□No	□N/A	9.		
-Pace Containers Used?	. Yes	□No	□N/A			
Containers Intact?		□No	□N/A	10.		
Filtered Volume Received for Dissolved Tests?		□ N₀	□N/A	11. Note if sediment is visible in the dissolved containers.		
Sample Labels Match COC?		□No	□n/a	12.		
-Includes Date/Time/ID/Analysis Matrix:	W			·		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	e 🛮 Yes	□No	□n/a	See pH log for results and additional preservation documentation		
Headspace in Methyl Mercury Container	□Yes	□No	ØN/A	13.		
Headspace in VOA Vials (>6mm)?	☐Yes	□No	ØN/A	14.		
Trip Blank Present?	☐Yes	□No	DNIA	15. f		
Trip Blank Custody Seals Present?	Yes	□No	☑N/A	·		
Pace Trip Blank Lot # (if purchased): CLIENT NOTIFICATION/RESOLUTION Person Contacted: Comments/Resolution: Date/Time:						
FECAL WAIVER ON FILE Y N Project Manager Review: Date: 9/30/15 Note: Whosever there is a discrepancy affecting North Carolina Compliance samples a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of						